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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Barbara N. Burgess

Firm: U.S. Patent and Trademark Office
Art Unit 2157

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: July 11 2005

Re: FLH Ref No.: 450100-03419
Serial No: 09/934,192

Number of Pages: 11
(including cover page)

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0029:111

PATENT
450100-03419IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shigeki Matsumoto
 Serial No. : 09/934,192
 Filed : August 21, 2001
 For : DATA COMMUNICATION SYSTEM AND DATA
 COMMUNICATION METHOD
 Examiner : Barbara N. Burgess
 Art Unit : 2157

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

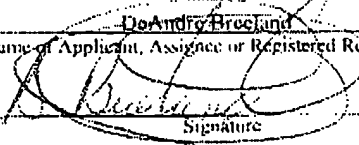
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** = 20	* 0 x	\$50 (25)	- \$ -
Independent claims	2	Minus	*** = 3	* 0 x	\$200 (100)	= \$ -
Total additional fee for this amendment						\$ -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐ or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

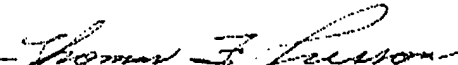
CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via
 facsimile to 703-872-9306 on July 11, 2005

Do Andry Broeland
 (Name of Applicant, Assignee or Registered Representative)

 Signature
 July 11, 2005
 Date of Signature

Respectfully submitted,

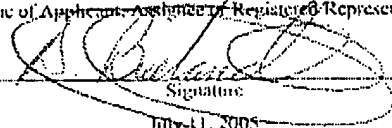
FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 
 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

PATENT
450100-03419**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED
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Applicant : Shigeki Matsumoto
Serial No. : 09/934,192
For : Data Communication System and Data
Communication Method
Filed : August 21, 2001
Examiner : Burgess, Barbara N.
Art Unit : 2157
Confirmation No. : 7724

745 Fifth Avenue
New York, NY 10151
(212) 588-0800

CERTIFICATE OF FACSIMILE
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DeAndre Breeland
(Name of Applicant, Assignee or Registered Representative)

Signature
July 11, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.116Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action of May 19, 2005, having a three-month
statutory period for response set to expire August 19, 2005, the Examiner is respectfully
requested to amend the above-captioned application as follows.

PATENT
450100-03419

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.